

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

LEAD EXPOSURE RISK ASSESSMENT

OTSG APPROVED (Date)

Part I - Identifying Data

1. Child's name (Last, First, Middle)	2. Age	3. Family prefix number	4. Sponsor's social security number
5. Home address (Street, City, State, Zip Code)			6. Phone number (incl Area Code)

Part II - Questionnaire (To be completed by parent or legal guardian.)*A "Yes" response to any question in 7 through 13 below indicates a high risk for lead poisoning and that the child should be administered a blood test.*7. Does this child live in or regularly visit a home day care center or pre-school that was build prior to 1960 that has peeling or chipping paint, or that is currently under renovation? ☐ Yes ☐ No8. Within the past two years, has this child lived in or regularly visited a house built before 1960 with planned or ongoing renovation? ☐ Yes ☐ No9. Does this child have a sibling, housemate or close playmate who has been diagnosed with lead poisoning or an elevated blood lead level? ☐ Yes ☐ No10. Does this child live with anyone whose job or hobby involves exposure to lead; for example, ceramics, stained glass, making lead weights and bullets? ☐ Yes ☐ No11. Does this child live near any industry that may release lead; for example, a battery recycling plant or lead smelter? ☐ Yes ☐ No12. Is this child exposed to home or folk remedies such as alarcon, alkohi, azarcon, bali goli, coral, ghasard, greta, liga, pay-loo-ah or rueda; use folk cosmetics such as kohi or surma; or use homemade ceramic pottery, lead crystal or lead soldered cans to store food or drink? ☐ Yes ☐ No13. Does this child have an unexplained developmental delay or, if school age, have an attention deficit hyperactivity disorder? ☐ Yes ☐ No

14. Within the past two years, if this child has resided in Government owned or leased housing, what was the name of the housing area? (If not on Fort Meade, please include the name of the installation or the complete address if not on an installation.)

15. Within the past two years, if this child has resided in housing that was off of Fort Meade or another installation that was not leased by the Government, please give the complete address. (Street, City, State, Zip Code)

Part II - Assessment (To be completed by the provider.)16. Does this child have an increased lead exposure risk? ☐ Yes (Go to item 18) ☐ No (Go to item 17)17. If 16 is "No," ☐ Lead level at 12-month well baby check ☐ Lead level obtained on child 12 mos through 6 yrs of age (if not obtained at 1218. If 16 is "Yes," check all that apply: ☐ Lead poisoning pamphlet, *Lead Poisoning Prevention: What Every Parent Should Know*, given.☐ Annual update of risk assessment questionnaire ☐ Lead level drawn on ☐ patient ☐ and all siblings 6 years of age or less**Part III - Parent's or Legal Guardian's Certification that all of Information in Part II is Still Current**

Signature	Date	Signature	Date

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

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| <input type="checkbox"/> HISTORY/PHYSICAL | <input type="checkbox"/> FLOW CHART |
| <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> DIAGNOSTIC STUDIES | |
| <input type="checkbox"/> TREATMENT | |